## Washington Metropolitan Area Transit Commission

## Interstate Trip Taxicab Complaint Form

Use this form to file a complaint about an interstate taxicab trip between points in the Metropolitan District. The Metropolitan District includes: Washington, D.C., Montgomery and Prince George's Counties (MD), Fairfax and Arlington Counties (VA), the cities of Alexandria and Falls Church (VA), and Dulles International Airport. You may also file a complaint about an interstate taxi trip between the areas just mentioned and BWI airport, if the taxi was not licensed in Maryland.

If your trip does not fit this description, direct your complaint to the local jurisdiction's taxicab licensing agency.

Fax this form to (301) 588-5	5262 or mail	W 87	ashir 701 G	eorgia			ommission	
Complainant Information				, m	1 1 3	AT 1		
Name				Daytime Telephone Number				
Address								
City State		State	Zip		E-mail			
Taxi Information Provide a Commission from identifying to Taxi Company's Name				plaint.	d driver a	s you can. Missing i	nformation may prevent the	
Taxi License Plate				Driver's Hack License Number				
Taxi Electise Frate				Diver s mack Electise Number				
Trip Information								
Origin Address					Destination Address			
City	State				City		State	
Were any stops made en route? En route st				ress				
Trip Date Time of Departure				Was the taxi hailed or dispatched?				
Total number of passengers in vehicle Nu				nber of child passengers. List their age(s)				
Driver time spent waiting for	passengers (if	applicable)						
Number of pieces of carry-on	size luggage	(include groce	ery ba	gs but n	ot briefca	ases or purses)		
Number of pieces of luggage	larger than 3 c	cubic feet (e.g	;., 32 x	x 18 x 9	inches)			
Did the driver handle any bags on your behalf?				Did the driver perform a personal service at your request?				
Fare paid to driver (Attach a o	copy of your r	eceipt if one v	vas pr	ovided)				
Additional information, con	nments, conc	erns or comp	olaint	s:				

(Signature)

(Date)

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